50675

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

THOMSON

FINANCIAL

FORM D

Type of Filing:

Name of Issuer

Robins & Morton, L.L.C. Address of Executive Offices

(if different from Executive Offices)

Brief Description of Business

Type of Business Organization corporation

business trust

Actual or Estimated Date of Incorporation or Organization:

E E, FORM D hours per response.....16.00 NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D. SECTION 4(6), AND/OR DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION (check if this is an amendment and name has changed, and indicate change.) Private Offering Memorandum of Robins & Morton, L.L.C., Respecting Class A and Class B Membership Interests Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 400 Shades Creek Parkway, Suite 200, Birmingham, Alabama 35209 (205) 870-1000 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) General Partner in Construction Joint Venture PROCESSED limited partnership, already formed Other (please specify): FEB 2 3 2007 limited partnership, to be formed

Limited Liability Company

Actual Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

Ycar

CN for Canada; FN for other foreign jurisdiction)

9 8

Month

10

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

ere To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Fallure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an avaliable state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)

| | | - A-BASIGID | entification data | | |
|---|------------------------------------|---|---------------------------------------|---------------------|--|
| 2. Enter the information r | equested for the fo | | | | |
| Each promoter of | the issuer, if the is | sucr has been organized v | vithin the past five years: | | |
| | | | | | of a class of equity securities of the issue |
| • Each executive of | ficer and director of | of corporate issuers and of | Corporate general and me | anaging partners o | f nartnership issues: and |
| Each general and | managing partner | of partnership issuers. | | ging paraters o | bargieranih isancis, aitu |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or |
| Full Name (Last same Cast | 18 1 at 1 a | | | | Managing Partner |
| Full Name (Last name first, William B. Morton, Jr. | it individual) | | | | |
| Business or Residence Addres 400 Shades Creek Park | ess (Number and way, Suite 200, | Street, City, State, Zip C Birmingham, Alabama | ode) 35209 | <u> </u> | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Robins & Morton Corpor | ation | | | | |
| Business or Residence Addre | | | | | |
| 400 Shades Creek Parkw | ay, Suite 200, B | irmingham, Alabama 3 | 35209 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip Co | ode) | <u> </u> | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip Co | ode) | <u> </u> | |
| | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip Co | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ☐ Director | Consent and/or |
| .,, | | | | Биссы | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | · · · · · · · · · · · · · · · · · · · | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip Co | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, it | f individual) | | | | |
| | / | | | | |
| Business or Residence Addres | ss (Number and | Street, City, State, Zip Co | de) | 7 Plant | |
| | | | | | |
| | (Use blan | k sheet, or copy and use a | additional copies of this si | heet, as necessary) | |

| | | | | . | NEORMAI | YON ABOU | t opker | ING | | | | |
|----------------------------|--|--|---|---|--|--|--|--|-----------------------------|---|----------------------|----------------------|
| l. Has th | ne issuer sol | d. or does t | he issuer i | ntend to se | eil to non- | occaditad : | inventora i | n thin office | | | Yes | No |
| | | a, 01 a 000 (| | | n Appendix | | | | | *************** | X | |
| 2. What | is the minin | num investi | | | | | _ | | | ***************** | s 26 | ,280.00 |
| 3 Doss | .h.a. a.ffi | | ٠ | ! . | | | | | | | Yes | No |
| | the offering the informa | | | | | | | | | | 4 | S |
| comm If a pe or stat | ission or sin rson to be li es, list the n er or dealer | ular remune sted is an as ame of the l | eration for sociated pe proker or d | solicitatior erson or ag- ealer. If m | of purchas ent of a bro ore than fiv | ers in conn ker or deale e (5) perso | ection with or registere ns to be list | sales of se d with the S ted are asso | curities in t SEC and/or | he offering | | |
| Full Name N/A | (Last name | first, if ind | ividual) | | | | | | | | •• | <u> </u> |
| | r Residence | Address (1 | Number an | d Street, C | ity, State, 2 | Zip Code) | | | | | | |
| N | | | | | | | | · | | | | |
| Name of A | ssociated B | roker or De | aler | | | | | | | | | |
| | hich Person | | | | | | | * | | | | <u></u> |
| (Chec | k "All State | s" or check | individua | l States) | | *************************************** | | ***************** | •••••• | •••••• | ☐ Al | l States |
| AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Full Name | (Last name | first, if ind | ividual) | | | | | | | | | <u> </u> |
| Business of | r Residence | Address (| Number ar | d Street, C | City, State. | Zip Code) | | | | | | |
| | | | | | | | | | | | | |
| Name of A | ssociated B | roker or De | aler | | | | | | | | | |
| States in W | hich Person | Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | - | | | | |
| (Check | k "All State: | s" or check | individua | States) | | ••••• | | | *************** | ****** | ☐ Al | l States |
| AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA PR |
| Full Name | (Last name | first, if ind | ividual) | | | | | · · · · · | | | | |
| Business o | r Residence | Address (| Number an | d Street C | ity State | Zin Code) | | | | · · · · · · · · · · · · · · · · · · · | | |
| Business e | |) econour | Tumber an | u butt, c | ily, Blate, | zip Code) | | | | | | |
| Name of A | ssociated B | roker or De | aler | | | _ | | <u>-</u> " | | | | · |
| States in W | hich Persor | Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | · · · · · · · | | | • | | |
| (Check | c "All State: | s" or check | individual | States) | ************* | | | ******** | ************** | •••••• | [] All | States |
| AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | ID MO PA PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C.OPPERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF | BRQCEED! | | |
|----|--|-----------------------|-------------|----------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
| | Type of Security | Aggrega Offering F | | Amount Already Sold |
| | Debt | \$ | | \$ |
| | Equity | | | |
| | ☐ Common ☐ Preferred | ~ | | |
| | Convertible Securities (including warrants) | S | | \$ |
| | Partnership Interests | | | |
| | Other (Specify Membership Interests | | | s 634,185.00 |
| | Total | | | s 634,185.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | <u> </u> | | <u></u> |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | Aggregate Dollar Amount |
| | | Investor | | of Purchases |
| | Accredited Investors | 0 | | \$_0.00 |
| | Non-accredited Investors | 5 | | \$ 634,185.00 |
| | Total (for filings under Rule 504 only) | 0 | | \$ 0.00 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | |
| | Type of Offering | Type of | | Dollar Amount |
| | | Security | | Sold |
| | Rule 505 | | | <u> </u> |
| | Rule 504 | | | \$ |
| | | | | \$ |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | \$ 0.00 |
| | Transfer Agent's Fees | | | s_0.00 |
| | Printing and Engraving Costs | | П | \$ 0.00 |
| | Legal Fees | | | \$ 0.00 |
| | Accounting Fees | | | \$ 0.00 |
| | Engineering Fees | | | \$ 0.00 |
| | Sales Commissions (specify finders' fees separately) | | | \$ 0.00 |
| | Other Expenses (identify) | | | \$ 0.00 |
| | Total | •••••• | | • 0.00 |

| | b. Enter the difference between the aggregate offering p and total expenses furnished in response to Part C — Que proceeds to the issuer." | stion 4.a. This differen | ence is the "adjusted gross | | s 634,185.00 |
|------|--|---|--|--|--|
| 5. | Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any purcheck the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C— | of to the issuer used on troose is not known, payments listed mus | or proposed to be used for furnish an estimate and tequal the adjusted gross | | |
| | | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | *************************************** | |]\$ | . 🗆 S |
| | Purchase of real estate | | ······ |]\$ | S |
| | Purchase, rental or leasing and installation of machine and equipment | ту | _ | 7 e | |
| | Construction or leasing of plant buildings and facilitie | | | | |
| | Acquisition of other businesses (including the value of offering that may be used in exchange for the assets of issuer pursuant to a merger) | f securities involved | l in this er | _ | |
| | Repayment of indebtedness | 140170114077171717171717171717 | | -] \$ | \$ |
| | Working capital | | | | . 🗆 s |
| | Other (specify): | ······································ | |]\$ | . 🗆 \$ |
| | | | |]\$ | . 🗆 \$ |
| | Column Totals | *************************************** | | s_0.00 | s |
| | Total Payments Listed (column totals added) | | | \$_0 . | 00 |
| | |) FEDERAL SIGN | ATURE: | | |
| sig | issuer has duly caused this notice to be signed by the under nature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accredite | to the U.S. Securities | s and Exchange Commiss | ion, upon writte | le 505, the followin n request of its stafi |
| Issu | er (Print or Type) Sig | nature | D | ate | |
| Ro | bins & Morton, L.L.C. | W CV | orton | 2/1/07 | ! |
| Naı | ne of Signer (Print or Type) Titl | le of Signer (Print o | r Type) | | |
| | am B. Morton, Jr. Pre | | Morton Corporation, the | | |

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E STATIFISIGNATURE | | |
|--|-----|----------------|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No K |

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature | Date |
|-------------------------|----------------------------------|--|
| Robins & Morton, L.L.C. | Pos Morton | 2/1/07 |
| Name (Print or Type) | Title (Print or Type) | |
| William B. Morton, Jr. | President of Robins & Morton Cor | poration, the Manager of Robins & Morton LLC |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | | N S | PENDIX | | | | |
|-------|--------------------------------|--|--|--|-------------|--|---|-----|----|
| 1 | Intend to non-a investor | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | × | | Membership Int. | 4 | \$90,765.00 | 2 | \$90,765.00 | | × |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
| AR | | | | | | | | | |
| CA | | | | | | | | | |
| со | | | | | | | | | |
| СТ | | | | | | | | | |
| DE | | | | | | | | | |
| DC | | | | | | | | | |
| FL | × | | Membership Int. | | | 2 | \$86,400.00 | | × |
| GA | | | | | | | | | |
| HI | | | | | | | | | |
| ID | | | | | | | | | |
| IL | | | | | | | | | |
| IN | | | | | | | | | |
| ĨΑ | | | | | | | | | |
| KS | | | | | | | | | |
| KY | | **** | | | | | | | |
| LA | أسيد معدد | | | | | | | | |
| ME | | | | | | | | | |
| MD | | | | | | | | | |
| MA | Parama compression con such | | | | | | | | |
| MI | | | | | | | | | |
| MN | | | | | | | - | | |
| MS | 111 J. 154 | | | | | | | | |

| 1 | : | 2 | 3 | | | | | | |
|-------|-------------------|--|--|---|--------|--|-------------|--|----|
| | to non-acinvestor | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| мо | | | | | | | | | |
| МТ | | | | | | | | | |
| NE | | | | | | | - | | |
| NV | | | | | | | | | |
| NH | | | | | | | | | |
| ИЛ | | | | | | - | | | |
| NM [| | | | | | | | | |
| NY | | | | | | | | | |
| NC | | | | | | _ | | | |
| ND | | | | | | | | | |
| он | | | | | | | | | |
| ок | | | | | | · | | | |
| OR | | | | | | | | | |
| PA | | | | | | | | | |
| RI | | | | | | | | | |
| sc | | | | | | | | | |
| SD | | | | | | | | | |
| TN | × | | Membership Int. | | | 1 | \$60,120.00 | | × |
| TX | | | | | | | | | |
| UT | | | | | | | | | |
| VΤ | | | | | | | | | |
| VA | | | | | | | | | |
| WA | | | | | | | | | |
| wv | | | | | | | | | |
| wı | | | | | | | | | |

| | to non-a investor | l to sell occredited is in State | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | | under St (if yes, explan waiver | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
|-------|----------------------|--|--|--|--------|--|--------|--|--|--|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| wy [| | | | | | | | | | |